Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 06/24/03.

I. DISPUTE

Whether there should be reimbursement for work hardening for dates of service 09/03/02 through 11/04/02.

III. RATIONALE

The requestor billed the respondent $6,707.20 for the dates of service 09/03/02 through 11/04/02 and the carrier made no payment. The requestor is a non-CARF accredited facility and the hourly reimbursement of $64.00 is to be reduced 20% according to MFG MGR(II)(C). The requestor billed $51.20(20% of $64.00) for the initial 2 hours of the work hardening program and $51.20(20% of $64.00) for the additional hours in accordance with MFG MGR(II)(E)(5). The dates of service in dispute were denied as "A-Pre-authorization not obtained." The requestor submitted a preauthorization letter dated 08/27/02, indicating that preauthorization was obtained. Therefore, reimbursement is recommended in the amount of $6,707.20.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 97545 and 97546-WH. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **$6,707.20** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 7th day of January 2004.

Michael Bucklin   Roy Lewis, Supervisor
Medical Dispute Resolution Officer   Medical Dispute Resolution
Medical Review Division   Medical Review Division

MB/mb